MDR: M4-03-7982-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/23/03.

I. DISPUTE

Whether additional reimbursement is recommended for the dates of service 05/20/02, 07/03/02 and 07/08/02. Carrier denied services as "F-Reduction according to Medical Fee Guideline".

II. FINDINGS

CPT code 97110 for the date of service 05/20/02, has been withdrawn per conversation on 04/26/04, with the requestor indicating payment has been made and will not be reviewed.

III. RATIONALE

The requestor billed \$51.20 per unit for CPT code 97545-WH, already indicating a 20% reduction of \$64.00 for non-CARF accreditation per the MFG. The carrier reduced (\$51.20) an additional 20% to (\$40.96). The amount that should be reimbursed is \$51.20 for each hour of service. The provider has followed MFG MGR (II)(E), and relevant information indicates that the services were delivered for dates of service 07/03/02 and 07/08/02. Therefore, additional reimbursement is recommended in the amount of \$40.96. (\$204.80 - \$163.40 already paid = \$10.24 x 4 units = \$40.96)

IV. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97545-WH. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$40.96** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this <u>26th</u> day of <u>April</u> 2004.

Michael Bucklin Medical Dispute Resolution Officer Medical Review Division

MB/mb